CHILD MEDICAL AND EMERGENCY FORM

2021-2022

MEF - **2**

CHILD'S FULL NAME: _____
First Middle Last

Child's Date of Birth: _____ Age: _____ (as of Sept. 1, 2021)

HEALTHCARE INFORMATION:

Child's Doctor: _____ Phone #: _____

Address: _____ City: _____Zip: _____

Insurance Co.: _____ Phone #: _____

Policyholder's Name: _____ Member ID#: _____

ANY ADDITIONAL MEDICAL HISTORY AND/OR DIAGNOSIS? (include any allergies)

☐ YES* ☐ NO

* If yes, please list any diagnosis or conditions that your child may have, such as allergies, premature birth, existing illness, previous serious illness, developmental delays, any injuries or hospitalizations, and medication prescribed for long-term continuous use.

IMMUNIZATION HISTORY:

1) Are immunizations up to date? ☐ YES ☐ NO * **If no, see important information below.**

***** If immunizations are not up to date, you will be REQUIRED to update the child's immunizations before the start of school. **Please submit immunization records by August 13, 2021.**

2) Will your child be 4 years old by Sept. 1, 2021? ☐ YES ☐ NO ** **If yes, see below.**

**** All children four years of age or older must be screened for possible vision and hearing problems.** If your child has already been tested, please provide a copy of the individual visual acuity and auditory sweep check results from a healthcare professional.

Parent Signature: _____ Date: _____